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CONFIRMATION NO. 3283

<b>SERIAL NUMBER</b> 10/756,946	<b>FILING OR 371(c) DATE</b> 01/13/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> GTI-1130 -9
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/165,657 06/07/2002 PAT 6,678,556  
 which is a CIP of 09/625,825 07/26/2000 PAT 6,654,636  
 and is a CIP of 09/352,809 07/13/1999 PAT 6,697,669  
 which claims benefit of 60/126,058 03/25/1999  
 and claims benefit of 60/092,544 07/13/1998  
 and claims benefit of 60/109,324 11/20/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 04/16/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 29	<b>TOTAL CLAIMS</b> 38	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

35938

**TITLE**

ELECTRICAL FIELD THERAPY WITH REDUCED HISTOPATHOLOGICAL CHANGE IN MUSCLE

<b>FILING FEE RECEIVED</b> 547	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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